

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/448420

CLAIMS AS FILED - PART I							S	SMALL ENTITY			OTHER THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL	
TC	TAL CLAIMS					Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	mir	us 20=	*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	mi	nus 3 =	*		Ī	X42=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				Ī	+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, entei	r "0" in c	olumn 2	L	TOTAL	,	OR	TOTAL	
	С	LAIMS AS A	MENDED	- PAR	T II			1		•	OTHER	THAN
		(Column 1)		(Colur	mn 2)	(Column 3)	. <u>.</u>	SMALL E	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	F CL AINA	=		X42=		OR	X84=	
<u> </u>	FIRST PRESE	NTATION OF MI	JUITPLE DEF	PENDEN	CLAIM			+140=		OR	+280=	
						•	L	TOTAL		OR	TOTAL	
		6 1 4		(0.1	۵)	(0.1	Α	DDIT. FEE		On	ADDIT. FEE	
_	·	(Column 1) CLAIMS		(Colur		(Column 3)	ı		ADDI	1 1		4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MU	JUITPLE DEF	ENDEN	CLAIM		!	+140=		OR	+280=	
							L	TOTAL			TOTAL	
		(Column 1)		(Colur	mn 2\	(Column 3)	Α	DDIT. FEE			ADDIȚ. FEE	
		CLAIMS		HIGH	EST	(Column 3)		<u> </u>	ADDI	[4551
AMENDMENT C		. REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDENT	CLAIM		╽├	112			.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=	
**	f the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa nber Previously Pa	aid For" IN THI aid For" IN THI	S SPACE i S SPACE i	s less thai s less tha	n 20, enter "20." n 3, enter "3."		TOTAL DDIT. FEE	ropriate box		TOTAL ADDIT. FEE umn 1.	

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I							SMALL	ENTITY		OTHER THAN			
		+		olumn 1)	-		mn 2)	1	TYPE		OR	SMALL	ENTITY
FC	DR		NUMBE	R FILED		NUMBER	EXTRA		RATE	FEE]	RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			フシ minus 20= *			* 50			X\$ 9=	504	OR	X\$18=	
INC	EPENDENT CL	AIMS	4	-(minus 3 = *					X39=	34	OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=	/ 30	OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								į	TOTAL	10.52	OR	TOTAL	
	CLAIMS AS AMENDED - PART II											OTHER	THAN
		(Colu	ımn 1)_		(C	olumn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A		REM/	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* 3	5	Minus	**	56	= -		X\$ 9=		OR	X\$18=	
AME	Independent	* /	, =	Minus	***				X39=		OR	X78=	
	FIRST PRESE	NTATIO	N OF MU	JETIPLE DEI	PENL	DENT CLAIM		ا ا	+130=		OR	+260=	
								L	TOTAL		Į !	TOTAL	
								. 🗚	DDIT. FEE		OR,	ADDIT. FEE	
			ımn 1)	¥		Column 2)	(Column 3)						
AMENDMENT B		REM/	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	-
\MEI	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIO	N OF M	JLTIPLE DEI	PENL	DENT CLAIM		ا ا	+130=		OR	+260=	
								L	TOTAL			TOTAL ADDIT. FEE	
		(Calı	ımn 1)		(C	Column 2)	(Column 3)	^	DDIT. FEE		•	ADDII. FEEI	
			AIMS			HIGHEST	(Coluitiri 3)			4001			
AMENDMENT C		AF	AINING TER DMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Indep ndent	*		Minus	***		=	lt	X39=			X78=	
۷	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEI	PEND	ENT CLAIM			703-		OR	7,0-	
* 1	f the entry in action	mn 1 io la	oo than th	o ontry in eath	.m.c. ^	write "O" in an	luma 3		+130=		OR	+260=	
**	f the entry in colur If the "Highest Nur If the "Highest Nur	mber Pre	viously Pa	aid For" IN THI	S SPA	CE is less tha	n 20, enter "20."	" A	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
	The "Highest Num							er four	nd in the ann	ropriate box	cin coli	ımn 1	

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER	
--------------------	--

Total Fee Calculation									
	Fee Code	Total # Claims	Number Extra X	Fee	Fee = Total				
	Sm./Lg.			Sm. Entity	Lg. Entity				
Basic Filing Fee	201/101	7/ 5	56	-	= 200				
Total Claims >20	203/103	-20 =	x	$\frac{-l}{-}$	<u> </u>				
Independent Claims >3	202/102	-3 =	x	39	= 39				
Mult. Dep Claim Present	204/104				= 130				
Surcharge	205/105				= (3/0				
English Translation	139								
TOTAL FEE CALCUL	<u>ATION</u>				1118				
Fees due upon filing the application:									
Total Filing Fees Due = \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \									
Less Filing Fees Submitted - \$									
BALANCE DUE	=\$_								

FORM OIPE-RAM-01 (Rev. 12/97)